

## **CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

1212.0104

ט'ז נס

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11	1					
12						
13						
14						
15						
16						
17						
18						
19				1		1
20				1		1
21			1			
22						
23						
24			1			
25				1		1
26			1			
27			1			
28			1			1
29					1	
30						1
31						1
32						1
33						1
34						1
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44						
45						
46						
47						
48						
49						
50						
Total Indep	2		2		4	
Total Depend	18	←	18	←	16	←
Total Claims	20		20		20	

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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59						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						